PTO/SB/17 (01/06)
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to the Consolidated Appropriations Act, 2005 (H.R. 4818). **TRANSMITTAL**

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

810.00

TOTAL AMOUNT OF PAYMENT

į		Complete if Known	_				
	Application Number	09/269,684					
	Filing Date	March 30, 1999					
	First Named Inventor	Harold Blatter					
	Examiner Name	Robert Chevalier					
	Art Unit	2484					
	Attornov Deaket No	RCA 88.423: Customer No. 24498					

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498								
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):								
Deposit Account: Deposit Account Number 07-0832 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees	below are due	upon filing or	may be subject to	a surcharge.)			
1. BASIC FILING, SE	ARCH, AND FILING F			CH FEES Small Entity	EXAMINA	TION FEES Small Er	ntity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300	·	
Provisional	200	100	0	. 0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims - or HP =							Fee (\$) 25 100 180 nt Claims	
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =						<u>Fee Paid (\$)</u>		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):FEE FOR RCE - \$810.00							Fees Paid (\$) \$810.00	

SUBMITTED BY Name (Print/Type)	JORGE TONY VILLABON	Registration No. (Attorney/Agent)	52,322	Telephone	(609) 734-6445	
Signature	check -				May 27, 2011	

Complete if Known

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& TR	MEE IRANS	DIVITIAL	Filing Date	March 30, 1999			
	for FY 20	007	First Named Inventor	Harold Blatter			
			Examiner Name	Robert Chevalier	_		
	Applicant claims small entity	status. See 37 CFR 1.27	Art Unit	2484			
	TOTAL AMOUNT OF PAYMENT	(\$) 810.00	Attorney Docket No.	RCA 88,423; Customer No. 24498	_		

METHOD OF PAYMENT	(check all that ap	oply) CUST	OMER NUMB	ER: 24498					
☐ Check ☐ C	redit card [☐ Money (Order	None	Other (plea	se identify):			
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☑ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
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Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
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Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM F	EES			·		Small E	ntity		
Fee Description				•	Fee	(\$)	Fee (\$)		
Each claim over 20 (incl	uding Reissues)			5	0	25		
Each independent claim over 3 (including Reissues) 200 100									
Multiple dependent clain	_		F (A)	5 - 5 - 1 - 1 - (A)	36	-	180		
Total Claims		<u>tra Claims</u>	Fee (\$) _	Fee Paid (\$)		Itiple Depende			
	- or HP = x \$50 = \$ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								
Independent Claims	s Ex	tra Claims	Fee (\$)	Fee Paid (\$)					
	or HP =		x \$200 =						
3. APPLICATION SIZ	ZE FEE		-						
If the specification an		ceed 100 she	ets of paper (exclu	udina electronically	filed sequence	or computer			
listings under 37 CFF sheets or fraction the	R 1.52(e)), the	application si	ze fee due is \$250	(\$125 for small en					
Total Sheets	Extra Sh			dditional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)		
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Other (e.g., late filing surcharge):FEE FOR RCE - \$810.00									
SUBMITTED BY									
	JORGE TO	NY	Series :						
Name (Print/Type)	VILLABON	ا ما	Registration No. (Attorney/Agent)	52,322	Telephon	(609)	734-6445		

SUBMITTED BY	SUBMITTED BY							
Name (Print/Type)	JORGE TONY VILLABON	Registration No. (Attorney/Agent)	52,322	Telephone	(609) 734-6445			
Signature	dull!				May 27, 2011			